2570-FM-LRWM0501a Rev. 7/2005

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
STORAGE TANK DIVISION

Lehigh P/R

# UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

**FOR DEP USE ONLY**
Reviewer ES
Date 9/7/05
Entered by
Date

## FACILITY INFORMATION

ID Number 39 – 37781
Name B. Braun Medical
Address 901 Marcon Blvd.
Allentown, PA 18103

**Representative Present During Inspection**
Name Joe Patterson
Phone 610-266-0500 x2454
☐ Owner ☐ Operator ☒ Employee

## CERTIFIED INSPECTOR

Name Gregory E. Dubas
ID No. 135

**Date of First Site Visit** (month/day/year)
8-31-05

**OPERATOR** (if different than owner)
Name
Address

SEP – 6 2005

COUNTY:
FILE CODE:

**Financial Responsibility Information**
- Required of all UST owners except state agencies.
- Provided by USTIF. Owner must have deductibles available as provided in regulations.

**A Fire Marshal or L & I permit must be displayed** (nearly all flammable or combustible liquid tanks).

**Suspected or confirmed contamination observed - notify proper region within 48 hours.**

**Improperly closed or unregistered tanks present** Yes ☐ (If so, provide comment) No ☐

**Amended registration form required for** (check all that apply):
- ☐ Added tanks
- ☐ Closed tanks
- ☐ Change in tank size
- ☐ Change in substance stored
- ☐ Change of operational status (in or out of service)
- ☐ Change of owner

**Inspection summary.**
Indicate the compliance status of each item below using the following codes: N = Non-Compliant C = Compliant

| | Tank No. 001 | Tank No. | Tank No. | Tank No. | Tank No. |
|---|---|---|---|---|---|
| Tank Construction and Corrosion Protection | C | | | | |
| Piping Construction and Corrosion Protection | C | | | | |
| Spill Prevention | C | | | | |
| Overfill Prevention | C | | | | |
| Registration Certificate Display | C | | | | |
| Tank Release Detection | (N) | | | | |
| Piping Release Detection | C | | | | |

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Certified Inspector's Signature — Date: 9/2/05

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature — Title — Date

Original: Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector

# UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Braun Medical Date 8-31-05 Facility ID 39 -37781

**I. TANK SYSTEM INFORMATION.** For each tank, write in the Tank Number at the top of the column, its capacity, substance stored, installation date and manifold condition ("—" if not a drone tank) directly underneath. Fill in the remainder of the Tank System Information using the proper Tank System Component Code from the lists at the bottom of the page.

| | Tank No. 001 | Tank No. | Tank No. | Tank No. | Tank No. | DEP Use |
|---|---|---|---|---|---|---|
| 1. Tank Capacity (name plate gallons) | 4000 | | | | | |
| 2. Substance Stored | Ethylene Glycol | | | | | |
| 3. Installation Date | 2000 | | | | | |
| 4. This drone tank is manifolded to tank no. | - | | | | | |
| 5. Tank status | C | | | | | |
| 6. Total secondary containment on this tank system | Y | | | | | (18) |
| 7. Tank construction and corrosion protection | G | | | | | (1) |
| 8. Main piping construction and corrosion protection | G | | | | | (2) |
| 9. Piping flexible joints/connectors construction (list all) | 99 | | | | | (PFLX) |
| 10. Pump (product dispensing) system | E | | | | | (4) |
| 11. Spill protection | Y | | | | | (6) |
| 12. Overfill type | A | | | | | (7) |
| 13. Current registration certificate display | Y | | | | | (8) |
| 14. Stage I vapor recovery | N | | | | | (19) |
| 15. Stage II vapor recovery | N | | | | | (20) |
| Evaluate the tank system leak detection methods carefully before filling in the next 3 rows. | | | | | | |
| 16. Tank release detection | H | | | | | (12) |
| 17. Piping small release detection (0.2 gph monthly or 0.1 gph annually) | H | | | | | (5) |
| 18. Pressure (C or D) piping line leak detector | H | | | | | (5) |

## Tank System Component Codes

**5. Tank status**
- C Currently in use
- T Temporarily out of use and empty
- I Product present, not being used (idle)

**6. Total secondary containment**
- Y Yes
- N No

**7. Tank construction**
- A Unprotected Steel (single wall)
- B Cathodically Protected Steel (Galvanic)
- C Cathodically Protected Steel (Impressed Current)
- D Unprotected Steel (double wall)
- E Fiberglass (Single Wall)
- F Fiberglass (Double Wall)
- G Steel w/ Plastic or Fiberglass Jacket (includes double wall Act 100)
- H Steel w/ FRP Coating (Act 100 or equivalent)
- I Steel w/ lined interior
- J Concrete
- N Unknown
- O Cathodically Protected Double Walled Steel
- P Cathodically protected steel with liner
- 99 Other (must provide written comment)

**8. Main piping construction**
- A Bare Steel (including only wrapped or coated)
- B Cathodically Protected, Metallic
- C Copper
- D Fiberglass or rigid non-metallic
- E Flexible Non-metallic
- F Unknown
- G No piping requiring corrosion protection (must provide written comment)
- I Double wall, metallic primary
- J Double wall rigid (FRP) primary
- K Double wall flexible primary
- 99 Other (must provide written comment)

**9. Piping flexible joints/connectors**
- A Unprotected metallic component(s) (including only wrapped or coated)
- B Cathodically Protected, Metallic
- C Flexible coupling with protected metallic ends
- F Unknown
- I Completely inside a containment sump, secondary pipe or liner
- M Completely jacketed with sealed boot
- N Not in contact with the ground
- 99 Other (must provide written comment)

**10. Pump (delivery) system**
- A Suction: check valve at pump or siphon
- B Suction: check valve at tank
- C Pressure
- D Gravity flow to dispenser
- E None or piping ALL aboveground

**11. Spill protection**
- Y Yes
- E Filled in less than 25 gallon increments
- N None

**12. Overfill type**
- S Drop tube shut off device
- A Overfill alarm
- B Ball float valve
- E Filled in less than 25 gallon increments
- N None

**13. Current registration certificate display**
- Y Properly displayed
- N Not Displayed

**14. Stage I vapor recovery**
- A Coaxial
- B 2 port
- N Not complete or none

**15. Stage II vapor recovery**
- A Complete balance system
- B Complete assist system
- C UG piping only
- N Not complete or none

**16. Tank release detection**
- A Inventory Control; requires code C or E
- C Tank Tightness Testing every 5 years
- D Statistical Inventory Reconciliation (SIR)
- E Automatic Tank Gauging (0.2 gph Leak Test)
- F Manual Tank Gauging (36 Hour)
- G Manual Tank Gauging (44 or 58 Hour)
- H Interstitial Monitoring (2 Walls)
- I Interstitial Monitoring (Liner)
- J Groundwater Monitoring
- K Vapor Monitoring
- N None
- O Exempt (must provide written comment)

**17. Piping small release detection (0.2/0.1 gph)**
- B Annual Line Tightness Test (pressure)
- C Line Tightness Test - 3 years (suction)
- D Interstitial Monitoring (monthly)
- E Groundwater Monitoring
- F Vapor Monitoring
- H None
- I Exempt (must provide written comment)
- J Statistical Inventory Reconciliation (SIR)
- K Electronic Line Leak Detector (0.2 gph test)

**18. Piping line leak detector (3 gph within 1 hr.)**
- A Automatic Line Leak Detector (incl. test)
- H None
- K Electronic Line Leak Detector (3 gph test)
- L Continuous interstitial monitoring with alarm or pump shut off.

# UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

**Facility Name** B. Braun Medical **Date** 8-31-05 **Facility ID** 39 -37781

## II. Release Detection Reference

- Records may be located at the facility or a readily available alternate site.
- The records include all of the information listed below for chosen release detection methods.
- The inspector has actually seen the records.
- A test inconclusive result or failure is an indication of a possible product (suspected) release.

| *Tank System* | *Tank System* | *Tank System* | *Tank System* | *Tank System* |
|---|---|---|---|---|
| ___ | ___ | ___ | ___ | ___ |

***Instructions:*** ***Check the box to indicate that criteria has been met. Circle the box to indicate that criteria has not been met. Circle with "N/A" when criteria is not applicable.***

### Inventory Control: (Tank only - code A)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | <10 years since installation or addition of corrosion protection to bare steel tank |
| ☐ | ☐ | ☐ | ☐ | ☐ | stick (or ATG) capable of measuring to 1/8th inch |
| ☐ | ☐ | ☐ | ☐ | ☐ | stick (or ATG) readings and dispenser readings each operating day |
| ☐ | ☐ | ☐ | ☐ | ☐ | 1/8th inch accuracy in product (stick) readings |
| ☐ | ☐ | ☐ | ☐ | ☐ | before/after delivery stick readings reconciled with delivery receipts |
| ☐ | ☐ | ☐ | ☐ | ☐ | deliveries made through a drop tube |
| ☐ | ☐ | ☐ | ☐ | ☐ | dispenser meter calibrated |
| ☐ | ☐ | ☐ | ☐ | ☐ | monthly check for water (1/8th inch accuracy) |
| ☐ | ☐ | ☐ | ☐ | ☐ | monthly reconciliation (1% of volume pumped plus 130 gallons) performed |

### Precision Tightness Test: (Tank only - code C)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | complete documentation of tightness test available |
| ☐ | ☐ | ☐ | ☐ | ☐ | performed by UTT certified installer (after 9/28/96) |
| ☐ | ☐ | ☐ | ☐ | ☐ | manufacturer's certification of ability to detect 0.1 gph release is available |

date of last test _____, result _____

method used (after 10/11/1994) _____

### Statistical Inventory Reconciliation: (Tank code D, and/or piping code J)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | manufacturer's certification of ability to detect 0.2 gph release is available |
| ☐ | ☐ | ☐ | ☐ | ☐ | data is collected according to the test vendor's instructions |
| ☐ | ☐ | ☐ | ☐ | ☐ | analysis completed monthly and results supplied to owner/operator within 20 days |
| ☐ | ☐ | ☐ | ☐ | ☐ | suspected releases properly investigated |

test vendor _____

### Automatic Tank Gauging: (Tank only - code E)

Does the automatic tank gauge perform continuous in-tank release detection? ☐ Yes, ☐ No

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | valid monthly leak test conducted and documented |

ATG manufacturer _____ ATG model _____

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | manufacturer's certification of ability to detect 0.2 gph release is available |
| ☐ | ☐ | ☐ | ☐ | ☐ | probes and gauge software certified for manifolded tank systems |

- When not specifically certified, the siphon must be broken to properly test

date installed _____

- Uncertified gauges installed before 12/22/1990 also require inventory control

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | maintenance records including calibration, preventative, and repair for the last year |
| ☐ | ☐ | ☐ | ☐ | ☐ | equipment is operational |

### Manual Tank Gauging: (Tank only - code F (may require code C) or G)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | tank capacity is 2,000 gallons or less |
| ☐ | ☐ | ☐ | ☐ | ☐ | performed weekly |
| ☐ | ☐ | ☐ | ☐ | ☐ | 1/8th inch accuracy stick readings |
| ☐ | ☐ | ☐ | ☐ | ☐ | average 2 stick readings before and after test |
| ☐ | ☐ | ☐ | ☐ | ☐ | test length appropriate for each tank |

- 36 hours minimum
- 44 hours, 551-1000 gallons, 64" diameter, no tightness test
- 58 hours, 551-1000 gallons, 48" diameter, no tightness test

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | variation is within standard (both weekly and monthly) |

# UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

**Facility Name** B. Braun Medical **Date** 8-31-05 **Facility ID** 39 -37781

## II. RELEASE DETECTION REFERENCE (continued)

| Tank System 1 | Tank System | Tank System | Tank System | Tank System |
|---|---|---|---|---|

***Instructions:*** ***Check the box to indicate that criteria has been met. Circle the box to indicate that criteria has not been met. Circle with "N/A" when criteria is not applicable.***

### Interstitial Monitoring: (Tank code H or I)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | interstitial area monitored monthly |
| ☒ | ☐ | ☐ | ☐ | ☐ | interstitial probes properly placed (per manufacturer's instructions) |
| ☒ | ☐ | ☐ | ☐ | ☐ | monitoring wells (secondary barrier) or ports are clearly marked and secured |
| ☐ NA | ☐ | ☐ | ☐ | ☐ | maintenance records including calibration, preventative, and repair for the last year |
| ☒ | ☐ | ☐ | ☐ | ☐ | equipment manufacturer's performance claims are available |
| ☒ | ☐ | ☐ | ☐ | ☐ | secondary barrier is compatible with and impermeable to the stored substance |

### Groundwater Monitoring: (Tank code J, and/or piping code E)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | regulated substance stored is immiscible in water and has a specific gravity <1 |
| ☐ | ☐ | ☐ | ☐ | ☐ | groundwater is within 20 feet of surface grade and soil hydraulic conductivity is ≥ 0.01 cm/sec |
| ☐ | ☐ | ☐ | ☐ | ☐ | casing is properly slotted and allows entry of product during high and low groundwater conditions |
| ☐ | ☐ | ☐ | ☐ | ☐ | wells are sealed from ground surface to the top of the filter pack |
| ☐ | ☐ | ☐ | ☐ | ☐ | site evaluation verifies the above information; wells are located according to site evaluation; attach evaluation cover page to inspection report. |
| ☐ | ☐ | ☐ | ☐ | ☐ | monitoring devices can detect 1/8 inch of product or less on water |
| ☐ | ☐ | ☐ | ☐ | ☐ | maintenance records including calibration, preventative, and repair for the last year |
| ☐ | ☐ | ☐ | ☐ | ☐ | equipment manufacturer's performance claims are available |
| ☐ | ☐ | ☐ | ☐ | ☐ | monitoring wells are marked and secured |
| ☐ | ☐ | ☐ | ☐ | ☐ | wells monitored and results recorded monthly in accordance with site evaluation |

### Vapor Monitoring: (Tank code K, and/or piping code F)

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | stored substance is sufficiently volatile and backfill allows diffusion of vapors from releases |
| ☐ | ☐ | ☐ | ☐ | ☐ | the monitoring device is not rendered inoperative by groundwater, rainfall, or soil moisture |
| ☐ | ☐ | ☐ | ☐ | ☐ | background contamination will not interfere with vapor monitoring |
| ☐ | ☐ | ☐ | ☐ | ☐ | vapor monitors are designed and operated to detect increases in concentrations of stored substance |
| ☐ | ☐ | ☐ | ☐ | ☐ | site evaluation verifies above information; wells are located according to the site evaluation; attach evaluation cover page to inspection report. |
| ☐ | ☐ | ☐ | ☐ | ☐ | maintenance records including calibration, preventative, and repair for the last year |
| ☐ | ☐ | ☐ | ☐ | ☐ | equipment manufacturer's performance claims are available |
| ☐ | ☐ | ☐ | ☐ | ☐ | monitoring wells are marked and secured |
| ☐ | ☐ | ☐ | ☐ | ☐ | wells monitored and results recorded monthly in accordance with site evaluation |

### IUM Release Detection Record Review: (All release detection codes)

- An empty tank or one supplying an emergency generator only is not required to perform release detection. Indicate date emptied or that it is an emergency generator tank in Section V.
- New tank systems must begin performing release detection immediately after receiving product. Indicate date of first product receipt in Section V.

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | Last 12 months of tank release detection records are available |
| ☒ | ☐ | ☐ | ☐ | ☐ | Tank release detection records are valid and passing |
| ☐ NA | ☐ | ☐ | ☐ | ☐ | Last 12 months of pipe release detection records are available |
| | ☐ | ☐ | ☐ | ☐ | Pipe release detection records are valid and passing |

# UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Braun Medical Date 8-31-05 Facility ID 39 -37781

## II. RELEASE DETECTION REFERENCE (continued)

| Pipe | Pipe | Pipe | Pipe | Pipe |
|---|---|---|---|---|
| ___ | ___ | ___ | ___ | ___ |

*Instructions:* ***Check the box to indicate that criteria has been met. Circle the box to indicate that criteria has not been met. Circle with "N/A" when criteria is not applicable.***

**Check Valve at the Dispenser: (SUCTION piping only - code I)**
**NOTE: No further release detection required on piping meeting all these criteria.**

- ☐ the tank is lower than the dispenser
- ☐ the below grade piping slopes uniformly back to the tank
- ☐ there is no more than one check valve in the piping
- ☐ the check valve is located close to or inside the suction pump
- ☐ compliance with above specifications can be readily determined; describe in remarks

**Interstitial Monitoring: (Piping code D and/or L)**

- ☐ interstitial area monitored monthly (required)
- ☐ interstitial probes properly placed (per manufacturer's instructions)
- ☐ monitoring wells or ports (when used) are clearly marked and secured
- ☐ maintenance records including calibration, preventative, and repair for the last year
- ☐ equipment manufacturer's performance claims are available
- ☐ secondary barrier (pipe) is compatible with and impermeable to the stored substance
- ☐ (Code L) continuous monitoring with acceptable alarm used as line leak detector (gravity or pressurized piping) -- capable of detecting 3.0 gph release within 1 hour
- ☐ (Code L) system tested for operability within the last year

**Piping Tightness (Line) Testing: (Piping only - code B or C)**

- ☐ test conducted at proper frequency
  - conducted annually for pressurized piping without monthly monitoring
  - conducted every 3 years for suction piping not meeting Code I

  date of last test _____
  method used _____
- ☐ manufacturer's certification of ability to detect 0.1 gph release at 1.5 X operating pressure is available
- ☐ if test device permanently installed, maintenance records including calibration, preventative, and repair for the last year

**Automatic (mechanical) Line Leak Detector: (PRESSURIZED piping only - code A)**

- ☐ annual operational test of leak detector according to manufacturer's instructions
  date tested _____
- ☐ manufacturer's certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available
- ☐ maintenance records including calibration, preventative and repair for last year (in addition to annual test)

**Electronic Line Leak Detector: (Pressurized Piping only - code K)**

- ☐ self checking or system tested for operability within the last year
  date tested _____
- ☐ manufacturer's certification of ability to detect a release of 3 gph at 10 psig within 1 hour is available
- ☐ maintenance records including calibration, preventative and repair for last year (in addition to annual test)
- ☐ shut off pump, audible alarm, visual alarm, or restrict product flow
- ☐ continuously monitors piping

Does the electronic leak detector also perform "monthly" monitoring function? ☐ Yes, ☐ No If yes:

- ☐ manufacturer's certification of ability to detect 0.2 gph release is available
- ☐ documentation of monthly test available for last year

## UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

Facility Name B. Braun Medical Date 8-31-05 Facility ID 39 -37781

| Tank System | Tank System | Tank System | Tank System | Tank System |
|---|---|---|---|---|
| ___ | ___ | ___ | ___ | ___ |

*Instructions:* ***Check the box to indicate that criteria has been met. Circle the box to indicate that criteria has not been met. Circle with "N/A" when criteria is not applicable.***

### III. CORROSION PROTECTION COMPLIANCE CRITERIA

**Lined Tanks: (Tank only - code I)**

☐ ☐ ☐ ☐ ☐ tank inspected and lined according to national standard
date lined _____

☐ ☐ ☐ ☐ ☐ tank initially inspected 10 years after lining and every 5 years after that (15, 20, 25, ... years after lining)
date(s) inspected _____

**Galvanic Cathodic Protection: (Tank code B or O, and/or Piping (may include code B))**

☐ ☐ ☐ ☐ ☐ structure to soil potential (include values in comments) greater than 0.85 volts, or
☐ ☐ ☐ ☐ ☐ meets other nationally recognized protection standard: specify _____
☐ ☐ ☐ ☐ ☐ documentation of last two monitoring results
date(s) measured _____

- monitoring conducted within six months of installation
- monitoring conducted every three years (single wall tank and piping)
- monitoring conducted within 6 months of repair or system disturbance

**Impressed Current Cathodic Protection: (Tank code C or P, and/or Piping (may include code B))**

☐ ☐ ☐ ☐ ☐ structure to soil potential (include values in comments) greater than 0.85 volts, or
☐ ☐ ☐ ☐ ☐ meets other nationally recognized protection standard: specify _____
☐ ☐ ☐ ☐ ☐ documentation of last two monitoring results
date(s) measured _____

- monitoring conducted within six months of installation
- monitoring conducted every three years
- monitoring conducted within 6 months of repair or system disturbance

☐ ☐ ☐ ☐ ☐ documentation of last three amp (plus volt and runtime when meters available) readings documented (include values in comments)

- readings recorded every 60 days

☐ ☐ ☐ ☐ ☐ system is turned on and functioning within design limits
☐ ☐ ☐ ☐ ☐ system designed by a corrosion expert

**If Cathodic Protection is Added to Existing Tanks, One of the Following is Required:**

☐ ☐ ☐ ☐ ☐ tank shell was internally inspected and found to be structurally sound and free of corrosion holes

☐ ☐ ☐ ☐ ☐ the tank was less than ten years old and now uses automatic tank gauging, soil vapor monitoring, groundwater monitoring, interstitial monitoring or statistical inventory reconciliation for release detection

☐ ☐ ☐ ☐ ☐ the tank was less than ten years old and was tested for tightness prior to installing the cathodic protection and between three and six months following the first operation of the cathodic protection

☐ ☐ ☐ ☐ ☐ the tank was assessed and found to be acceptable for upgrading under ASTM standard ES 40-94 or G158. Includes tightness test prior to, and "monthly" release detection after or tightness test between 3 and 6 months following the installation of the cathodic protection.

- cathodic protection installed within 6 months of assessment
  Date assessed _____ Date installed _____

### IV. MANDATED TECHNICAL REQUIREMENTS

List the system technical upgrades necessary to continue operating after **12/22/1998:**

_____

_____

**UNDERGROUND STORAGE TANK FACILITY**
**OPERATIONS INSPECTION**

**Facility Name** B. Braun Medical **Date** 8-31-05 **Facility ID** 39 -37781

**V. COMMENTS–Suspected contamination, improperly closed or unregistered tanks, "other" tank system attributes, tank system modifications (with date), estimated installation date when actual date is unknown, release detection exemptions, owner/operator actions needed for compliance, changes at site since initial inspection (with date), and other information that would be helpful to the owner, operator or DEP when reviewing the inspection. Include description of technical assistance given to the owner/operator.**

Reference section and tank number for each comment

I 7 Tank Construction from drawing by tank manufacturer- Elutron

8, 9 No output piping. Only piping is tank fill pipe. PVC gravity flow.

II Release Detection

Interstitial monitoring with EBW AutoStik, Jr.

Owner has not kept monthly sensor status printout or log of monitoring system check. Owner will start monthly monitoring and documentation. Interstitial sensor is not in alarm status.

RWM0501a Rev. 7/2005

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
STORAGE TANK DIVISION

ES

# UNDERGROUND STORAGE TANK FACILITY OPERATIONS INSPECTION

**FOR DEP USE ONLY**
Reviewer _____
Date _____
Entered by _____
Date _____

## FACILITY INFORMATION

ID Number 39 – 37781
Name B. Braun Medical
Address 901 Marcon Blvd.
Allentown, PA 18103

**Representative Present During Inspection**
Name Joe Patterson
Phone 610-266-0500 x2454
☐ Owner ☐ Operator ☒ Employee

## CERTIFIED INSPECTOR

Name Gregory E. Dubas
ID No. 135

**Date of First Site Visit** (month/day/year)
8-31-05

**OPERATOR** (if different than owner)
Name
Address

HSCA SITE
NPL SITE:
FILE COLOR:
SEP 14 2005

**Financial Responsibility Information**
- Required of all UST owners except state agencies.
- Provided by USTIF. Owner must have deductibles available as provided in regulations.

**A Fire Marshal or L & I permit must be displayed** (nearly all flammable or combustible liquid tanks).

**Suspected or confirmed contamination observed - notify proper region within 48 hours.**

**Improperly closed or unregistered tanks present** Yes ☐ (If so, provide comment) No ☐

**Amended registration form required for** (check all that apply):
☐ Added tanks
☐ Closed tanks
☐ Change in tank size
☐ Change in substance stored
☐ Change of operational status (in or out of service)
☐ Change of owner

**Inspection summary.**
Indicate the compliance status of each item below using the following codes: N = Non-Compliant C = Compliant

| | Tank No. 001 | Tank No. | Tank No. | Tank No. | Tank No. |
|---|---|---|---|---|---|
| Tank Construction and Corrosion Protection | C | | | | |
| Piping Construction and Corrosion Protection | C | | | | |
| Spill Prevention | C | | | | |
| Overfill Prevention | C | | | | |
| Registration Certificate Display | C | | | | |
| Tank Release Detection | N | | | | |
| Piping Release Detection | C | | | | |

I, the DEP Certified Inspector (IUM), have inspected the entire above referenced facility including examining manways, sumps, monitoring wells and dispensers. Based on my personal observation of the facility and documentation provided by the owner, I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Certified Inspector's Signature — Date 9/2/05

As the representative of the owner or operator, I have reviewed the completed inspection report. I certify under penalty of law as provided in 18 PA C.S.A. Section 4904 (relating to unsworn falsification to authorities), that the information provided by me is true, accurate, and complete to the best of my knowledge and belief.

Signature — Title STERILIZATION OPERATIONS MGR. — Date 9/9/05

[redacted] Regional Office – Norristown, Wilkes Barre, Harrisburg, Williamsport, Pittsburgh, or Meadville
Copy: Owner
Copy: DEP, Division of Storage Tanks, P.O. Box 8763, Harrisburg, PA 17105-8763
Copy: Inspector